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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760384 ✓

1. Corporation Name
JEANIE II BY THE SEA ASSOCIATION INC.

Principal Place of Business 406 TYLER AVE. CAPE CANAVERAL, FL 32920	Mailing Address 329 TAFT AVE. COCOA BEACH, FL 32931
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2. Principal Place of Business 21 406 TYLER AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 329 TAFT AVE. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 7/11/1990
22 City & State 23 CAPE CANAVERAL, FL Zip Country 24 32920 25 USA	27 City & State 28 COCOA BEACH, FL Zip Country 29 32931 30 USA	4. FEI Number 59-2925169 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARILYN A. RIGERMAN
 200 NORTH FIRST STREET
 COCOA BEACH, FL 32931

10. Name and Address of New Registered Agent

81 Name JEROME DAVIS
 82 Street Address (P.O. Box Number is Not Acceptable)
 2512 ISLAND CROSSING WAY
 83
 84 City MERRITT ISLAND FL 85 Zip Code 32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jerome Davis* JEROME DAVIS 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD <input checked="" type="checkbox"/> DELETE	NAME FRANK ZITZ
STREET ADDRESS 142 ATLANTIC AVE.	CITY-ST-ZIP INDIATLANTIC, FL
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME JEROME R. VALEK
STREET ADDRESS 328 KENT DRIVE	CITY-ST-ZIP COCOA BEACH, FL 32931
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME RAY CATLETT
STREET ADDRESS 1012 CORONADO DRIVE	CITY-ST-ZIP ROCKLEDGE, FL
TITLE <input type="checkbox"/> DELETE	NAME
TITLE <input type="checkbox"/> DELETE	NAME
TITLE <input type="checkbox"/> DELETE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME JEROME DAVIS
1.3 STREET ADDRESS 2512 ISLAND CROSSING WAY	1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952
2.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME LUCYL GAGNON
2.3 STREET ADDRESS 406 TYLER AVE. #12	2.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920
3.1 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME JEROME DAVIS
3.3 STREET ADDRESS 2512 ISLAND CROSSING WAY	3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerome Davis* JEROME DAVIS 407-853-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)